

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.P.E. CLASSIFIER		8	11-24-00
FORMALTY REVIEW	G	679.74	01.05.01
RESPONSE FORMALTY REVIEW			

INDEX OF CLAIMS

✓ \_\_\_\_\_ Rejected  
 o \_\_\_\_\_ Allowed  
 - (Through summary) Canceled  
 + \_\_\_\_\_ Restricted  
 N \_\_\_\_\_ Non-elected  
 I \_\_\_\_\_ Interference  
 A \_\_\_\_\_ Appeal  
 O \_\_\_\_\_ Objected

Claim	Date	Claim	Date	Claim	Date
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If more than 150 claims or 10 add. ss  
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